

Medicaid for Aged, Blind or Disabled in Georgia

Medicaid is a federal program administered by the states. While the federal government establishes certain minimum guidelines for every state, individual states have many options concerning both eligibility criteria and covered services. The information provided below is true for Georgia, but is not necessarily true for other states.

Medicaid is a financial assistance program. In Georgia, there are approximately 23 different coverage categories, known as classes of assistance (COA), for the aged, blind or disabled (ABD). An individual's living arrangement, types and amount of income, marital status and prior Medicaid eligibility, among other factors, determine the most appropriate COA.

Below is a brief description of some of the major Medicaid coverage groups:

Institutionalized — This includes nursing home, hospice, and hospital stays of 30 days or more; Community Care Services; the Mental Retardation Waiver program; and Community Habilitation Support Services. The income limit for an individual is \$1,635 gross total income per month, or income less than the cost of the nursing home for individuals whose income is more than \$1,635 who live in a nursing home.

Qualified Medicare Beneficiaries (QMB) — This coverage pays an individual's Medicare premium, Medicare coinsurance and deductibles. Prescription drugs are not covered under this COA. The income maximum for QMB is \$730 for an individual and \$995 for a couple.

Specified Low-Income Medicare Beneficiaries (SLMB) — This program pays the monthly premium for Medicare Supplemental Medical Insurance (Part B). This COA offers no Medicaid benefits. The income maximum for SLMB is \$886 for an individual and \$1,194 for a couple.

Public laws — Through the years Congress has passed six public laws that provide continued Medicaid coverage for people who have been terminated from Social Security Income (SSI). Each public law has different financial criteria.

Adult Medically Needy — This program has no income maximum. Individuals are allowed to use medical expenses to "spend down" the difference between their income and the medically needy income level (MNIL). The MNIL is \$317 for an individual and \$375 for a couple. Medically Needy is calculated on a monthly basis, and only pays for medical bills incurred after the spend-down is met.

Deeming Waiver — This program is available to children under the age of 18 who are financially ineligible for SSI and determined to be in need of institutionalized care but have chosen to remain at home because they can be cared for at a lower cost. The individual income limit is \$1,635 gross total income per month. The income and assets of the parent(s) are not considered.

Medicaid eligibility criteria fall into two main categories: non-financial and financial. To be eligible, an individual must meet every criterion in each category. To meet the non-financial criteria, an individual must:

- be age 65 or older, or be totally disabled, or be blind;
- be a U.S. citizen or an alien who was lawfully admitted for permanent residence prior to August 22, 1996;

- be a resident of Georgia (there is no time limit to establish residency, only the intention to permanently live in Georgia);
- agree to assign all health insurance benefits to the Georgia Department of Community Health;
- apply for and accept all other monetary benefits, payments or allotments.

Financial criteria are divided into two groups, income and assets. In determining eligibility, we must consider the total gross monthly income of an individual from all sources. This includes Social Security benefits, any pensions, retirement, interest, dividends, etc. If the applicant is living with a spouse, we must also consider the income of the spouse. Most income limits change once a year, and this usually coincides with the yearly cost of living adjustment in Social Security benefits.

Every COA has a maximum allowable limit for assets. Countable assets do not include the individual's home. All or only one vehicle may be exempt, depending on the COA. Countable assets do include any real property other than the home, all bank accounts, investments such as certificates of deposit, stocks, bonds, mortgages and promissory notes, inherited property, and jointly owned assets, and life insurance over \$1,500 may count. An asset counts against the Medicaid limit if the individual has legal ownership and the legal right to sell the asset, even if the person does not have physical access to it, or if there is no market for it. Any asset given away within the past 36 months may count and result in a transfer penalty being applied.

In addition to the allowable asset limit, an individual is allowed to set aside up to \$1500 or \$5000 to pay for funeral expenses, depending on the COA. This money must be separately identifiable and cannot be used for any other purpose. Cemetery lots are not counted and an individual can own a pre-paid funeral contract in any amount, which will not be counted.

Individuals with total gross monthly income less than the federal benefit rate who wish to apply for Medicaid will be referred to the Social Security Administration to apply for Supplemental Security Income (SSI). This is a financial assistance program. If an individual is eligible for SSI, he or she qualifies for Medicaid automatically. For 2003, the monthly income maximum is \$545 for an individual and \$817 for a couple.

With the exception of SSI, interested individuals can apply for Medicaid at their county DFCS office. An ABD Medicaid eligibility specialist can explain in detail the different COAs and all eligibility criteria, financial and non-financial. For more information or to make an appointment, call your county Department of Family and Children Services. The information in this fact sheet is an overview of Medicaid and may not include all the policy information you need.